

AUTOMATIC WITHDRAWAL AUTHORIZATION

☐ **New** ☐ **Change** ☐ **Inactivate**

Please use this form to initiate or make changes to automatic withdrawals from your bank account.
To inactivate your withdrawals, please complete sections 1 and 3 only.

Office Use Only
Entered By: _____
Date: _____

1. GET Account Owner Information

GET Account Number _____ Type of GET Account: ☐ Lump Sum ☐ Custom Monthly
GET Account Owner _____ Student Beneficiary _____

2. Bank Account Holder Information

Name (First, Middle, Last, Suffix) _____ SSN or TIN _____
Street Address/Apartment Number _____ Email Address _____
Post Office Box Number _____ Telephone Numbers _____
City/State/ZIP Code _____ Home _____ Work _____

3. Authorization

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals occur automatically on the 15th day of each month or on the next business day if the 15th day falls on a weekend or holiday. In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET account a returned ACH fee of \$15.00 per returned ACH withdrawal. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date. However, by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.

Account Type ☐ Checking ☐ Savings **Withdrawal Amount** \$ _____ per month

Bank Account Holder's Signature _____ **Date** _____

Please **tape** a voided check or a savings account deposit slip here. *(Please do not staple.)*
If you do not provide a voided check or a savings account deposit slip, please provide the following information:

Financial Institution Name _____ Telephone Number _____
City _____ State/Zip Code _____
Transit Routing Number _____ Account Number _____
(9 digits)

Do **not** attach a deposit slip for checking account withdrawals.
Please be aware that some financial institutions do not allow automatic withdrawal from savings accounts.